

CPT Category II Codes Guide

Current Procedural Terminology (CPT) Category II codes are supplemental tracking codes used to measure performance. It is anticipated the use of CPT II codes will eventually decrease medical record abstraction and chart review, thereby minimizing the administrative burden on providers and other entities measuring quality of care.

What is the purpose of CPT II codes?

CPT II codes help define nationally established performance measures by facilitating data collection regarding the quality of care rendered.

CPT II codes describe:

- Clinical components, such as those typically included in evaluation, management, or other clinical services;
- Results from clinical laboratory or radiology tests and other procedures;
- Identified processes intended to address patient safety practices; or
- Services reflecting compliance with state or federal law.

How do I identify a CPT II code?

CPT II codes contain five characters – the first four numerical characters are followed by an alphabetical fifth character, the letter ‘F’.

The current set of CPT II codes contains the following sub-categories:

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| • Composite Measures | 0001F – 0015F |
| • Patient Management | 0500F – 0575F |
| • Patient History | 1000F – 1220F |
| • Physical Examination | 2000F – 2050F |
| • Diagnostic/Screening Processes or Results | 3006F – 3573F |
| • Therapeutic, Preventive, or Other Interventions | 4000F – 4306F |
| • Follow-Up or Other Outcomes | 5005F – 5100F |
| • Patient Safety | 6005F – 6045F |
| • Structural | 7010F – 7025F |

Why should my organization use CPT II Codes?

Not only can using CPT II codes ease the administrative burden of chart review for many HEDIS™ performance measures, use of these codes enables organizations to monitor internal performance for key measures throughout the year, rather than once per year as measured by health plans and Pay for Performance. By identifying opportunities for improvement, interventions can be implemented to improve performance during the service year.

How should my organization bill CPT II Codes?

CPT II codes are billed in the procedure code field; just as CPT Category I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT II codes are billed with a \$0.00 billable charge amount.

NOTE: Once the lab results are received, please submit the appropriate Category II Code to PSHP.

Where can I find a list of CPT II Codes?

CPT II codes are released annually as part of the full CPT code set and are updated semi-annually in January and July by the AMA. The current listing of CPT II codes can be found on the AMA Web site at: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.page>.

If your office requires any clarification regarding the use of Category II Codes, please contact your Provider Relations representative if you have additional questions.